

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>QTI HUMAN RESOURCES, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>QTI HUMAN RESOURCES, INC.</u> <u>1010 EAST WASHINGTON AVE</u> <u>SUITE 314</u> <u>MADISON, WI 53703</u>		1c Effective date of plan <u>03/01/1997</u>	2b Employer Identification Number (EIN) <u>39-1817512</u>
		2c Plan Sponsor's telephone number <u>608-258-5525</u>	2d Business code (see instructions) <u>541214</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2020	JASON R. WILLBORN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1523
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 1294 6a(2) 1514 6b 6 6c 251 6d 1771 6e 1 6f 1772 6g 1085 6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 QTI HUMAN RESOURCES, INC.	D Employer Identification Number (EIN) 39-1817512	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BLUESTAR RETIREMENT SERVICES

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 38 50	NONE	185280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

TD AMERITRADE TRUST COMPANY

20-0937408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	23243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

QTI HUMAN RESOURCES, INC.

39-1817512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	SPONSOR	16138	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BKS FINANCIAL INVESTMENTS, LLC

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	15956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BDO, USA LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	13000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

FIDUCIARY PARTNERS INVESTMENT CONSU

26-1370206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	NONE	7880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDUCIARY PARTNERS RETIREMENT GROUP

51-0595589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	7880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	41	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning	01/01/2019	and ending	12/31/2019
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A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN	B Three-digit plan number (PN)	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 QTI HUMAN RESOURCES, INC.	D Employer Identification Number (EIN) 39-1817512
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	WELLS FARGO STABLE VALUE FD CL C
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b Name of sponsor of entity listed in (a):	WELLS FARGO BANK NA
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c EIN-PN	52-2250946-001	d Entity code	C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1402832
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 QTI HUMAN RESOURCES, INC.	D Employer Identification Number (EIN) 39-1817512	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	635171	231059
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	229214	246455
(9) Value of interest in common/collective trusts	1c(9)	944549	1402832
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	33582426	47096238
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	35391360 48976584
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	35391360 48976584

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2357141
	(B) Participants	2a(1)(B)	4653338
	(C) Others (including rollovers)	2a(1)(C)	1227630
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	8238109
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	14262
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	14262
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1860222
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1860222
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		24743
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6857705
c Other income	2c		10492
d Total income. Add all income amounts in column (b) and enter total	2d		17005533

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4688926	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4688926
f Corrective distributions (see instructions)	2f		20213
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	13000	
(2) Contract administrator fees	2i(2)	208523	
(3) Investment advisory and management fees	2i(3)	31757	
(4) Other	2i(4)	16138	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		269418
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4978557

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12026976
l Transfers of assets:			
(1) To this plan	2l(1)		1558248
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 QTI HUMAN RESOURCES, INC.		D Employer Identification Number (EIN) 39-1817512
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-1558009 20-0937408		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**QTI Human Resources, Inc.
401(k) Plan**

**Financial Statements and
Supplemental Schedule
Years Ended December 31, 2019 and 2018**

QTI Human Resources, Inc.
401(k) Plan

Financial Statements and Supplemental Schedule
Years Ended December 31, 2019 and 2018

QTI Human Resources, Inc. 401(k) Plan

Contents

Independent Auditor's Report	3-4
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018	6
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2019	7
Notes to Financial Statements	8-15
Supplemental Schedule	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	17



Independent Auditor's Report

To the Plan Administrator
QTI Human Resources, Inc. 401(k) Plan
Madison, Wisconsin

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the QTI Human Resources, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Charles Schwab and TD Ameritrade Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustees as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the trustees is complete and accurate.



Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

The supplemental schedule, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.

BDO USA, LLP

September 22, 2020

Financial Statements

QTI Human Resources, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2019	2018
Assets		
Cash	\$ 231,059	\$ 635,171
Investments, at fair value		
Registered investment companies	47,096,238	33,583,806
Common/collective trust	1,402,832	944,549
Total Investments, at fair value	48,499,070	34,528,355
Receivables		
Employer contributions	537,826	424,957
Participant contributions	109,657	53,808
Notes receivable from participants	246,455	229,214
Total Receivables	893,938	707,979
Total Assets	49,624,067	35,871,505
Liabilities		
Excess contributions payable	5,972	20,213
Accrued administrative expenses	43,593	38,271
Other liabilities	-	1,380
Total Liabilities	49,565	59,864
Net Assets Available for Benefits	\$ 49,574,502	\$ 35,811,641

See accompanying notes to financial statements.

QTI Human Resources, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2019
Additions to Net Assets Attributed to	
Investment Income	
Interest and dividends	\$ 1,860,222
Net appreciation in fair value of investments	6,892,940
Total Investment Income	8,753,162
Interest Income on Notes Receivable from Participants	14,262
Contributions	
Employers	2,470,010
Participants	4,703,216
Rollovers	1,227,630
Total Contributions	8,400,856
Total Additions	17,168,280
Deductions from Net Assets Attributed to	
Benefits paid to participants	4,688,926
Administrative expenses	274,741
Total Deductions	4,963,667
Net Increase Before Transfers	12,204,613
Plan transfers in	1,558,248
Net Assets Available for Benefits, beginning of year	35,811,641
Net Assets Available for Benefits, end of year	\$ 49,574,502

See accompanying notes to financial statements.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the QTI Human Resources, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) savings and profit-sharing plan established to provide retirement benefits to eligible employees of the adopting employers. The assets of the Plan are held for the exclusive benefit of the participating employees. Participants of the Plan include employees of the adopting employers who are at least 18 years of age. The service requirement for eligibility varies among the adopting employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Employees are permitted to make elective deferral contributions pursuant to a salary reduction agreement that authorizes the employers to defer wages through the Plan. An employee's contribution may not exceed \$19,000 for 2019. In addition, participants age 50 or over can make catch-up contributions up to \$6,000 for 2019. Roth elective deferrals are permitted under the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers).

Adopting employers may make discretionary matching contributions, while others make matching contributions at a stated rate as defined in each employer's adoption agreement. Adopting employers may also make discretionary profit sharing contributions.

Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, rollover contributions and an allocation of: (a) the employers' matching contribution; (b) the employers' profit-sharing contribution; and (c) Plan investment income. Each participant's account is charged with payments for benefits and an allocation of: (a) administrative expenses; and (b) Plan investment losses. Allocations are based on the participant's eligible compensation, account balances, or specific participant transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their salary reduction contributions and rollover contributions, plus actual earnings thereon. Participants vest in their employers' matching and profit sharing contributions as defined in each employer's adoption agreement.

Investment Options

Participants are allowed to direct their account balance, their contributions, and the employers' matching and profit-sharing contributions into any of the investment funds listed in the supplemental Schedule of Assets (Held at End of Year). Participants may change their investment options daily.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

Payment of Benefits

Upon termination of service, death, disability, or attaining normal retirement age (65), a participant will receive an amount equal to the total vested portion of his or her account in the form of a lump sum payment.

In-service distributions are available from any vested type of contribution to participants attaining age 59½ who continue to work for the employer. In-service distributions are also available to participants electing a hardship distribution as allowed by each employer's adoption agreement. There were no benefits requested but not paid at December 31, 2019 and 2018.

Notes Receivable from Participants

The Plan allows participants to borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Each participant may only have one loan outstanding from the Plan at any time. Loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. Loan terms can range from one year to five years, unless such loan is used for the purchase of a primary residence in which case such period shall not exceed 15 years. Principal and interest is paid ratably through payroll deductions. At December 31, 2019, all loans had interest rates ranging from 4.25% to 6.25% and were due on various dates ranging from January 2020 to January 2025.

Forfeitures

Forfeitures arise as a result of participants who separate from service with the employer before becoming 100% vested in the employer's matching or profit-sharing contributions. Forfeitures of non-vested participant balances may be used to reduce future employer contributions. For the years ended December 31, 2019 and 2018, forfeitures totaled \$37,644 and \$14,437, respectively. As of December 31, 2019 and 2018, unallocated forfeited balances totaled \$21,081 and \$11,922, respectively.

Plan Transfers In

As a result of changes in participating employers during 2019, Plan assets of \$1,558,248 were transferred into the Plan.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

Investments Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisor and trustees. See Note 9 for further discussion of fair value measurements.

Net appreciation in fair value of investments, included in the accompanying Statement of Changes in Net Assets Available for Benefits, includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of the investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the differences between the sales proceeds and the fair value of the investments as of the beginning of the period or the cost of the investments if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. If a participant ceases to make loan repayments or experiences a distributable event (Death or Termination) and the Plan Administrator deems the participant loan to be in default, the participant loan is reduced, and a deemed distribution is recorded. During 2019, \$33,445 was recorded as a deemed distribution. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to participant contributions. The Plan distributed the 2019 and 2018 excess contributions to the applicable participants prior to March 15, 2020 and 2019, respectively.

Payment of Benefits

Benefits paid to participants are recorded when the funds are disbursed, with the exception of refunds for excess contributions which are recorded as a liability and reduction of participant contributions in the year incurred.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the employers on behalf of the Plan and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments. The Plan incurred administrative expenses of \$274,741 in 2019.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

Subsequent Events

Management has evaluated subsequent events through September 22, 2020, the date which the financial statements were available for issue.

On January 30, 2020, the World Health Organization (“WHO”) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the “COVID-19 outbreak”) and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

On March 27, 2020, President Trump signed into law the “Coronavirus Aid, Relief and Economic Security (CARES) Act.” The CARES Act, among other things, includes several relief provisions to tax-qualified retirement plans and their participants, which are as follows:

- Special coronavirus distributions up to \$100,000.
- Increase the available loan amount as described in Note 1 to the lesser of \$100,000 or 100% of the participant’s vested account balance.
- Extend the period for loan repayments, if applicable, up to one year.
- Suspended required minimum distributions for 2020.

Plan management is currently evaluating these provisions.

3. Information Prepared and Certified by the Trustees

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan’s trustees, Charles Schwab Bank and TD Ameritrade, has certified that the following data included in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year) is complete and accurate:

- Investments and cash, as shown in the Statements of Net Assets Available for Benefits;
- Interest, dividends, and net appreciation in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits; and
- The assets held as of December 31, 2019, as shown in the Schedule of Assets (Held at End of Year), except for notes receivable from participants.

The Plan’s independent accountants did not perform auditing procedures with respect to the above information, except for comparing such information as certified by the trustees to the related amounts included in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year).

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

4. Plan Termination

Although they have not expressed any intent to do so, the employers have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon permanent discontinuance of the Plan, its participants' accounts shall become fully vested. In the event of Plan termination, distributions to participants will be made in accordance with the provisions of the Plan. The trust will continue until all funds have been disbursed.

5. Related Party and Party-In-Interest Transactions

Certain Plan administrative expenses are paid by the employers.

The Plan allows participants to take out loans, which are considered exempt party-in-interest transactions.

Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing rather than a direct payment.

BlueStar Retirement Services Inc. receives compensation on a monthly basis from certain investments to offset the costs of providing recordkeeping and administrative services on behalf of the investments. This compensation is used to offset certain fees owed to BlueStar Retirement Services Inc. for its administrative services to the Plan. When the revenue received by BlueStar Retirement Services exceeds the amount owed by the Plan, BlueStar Retirement Services Inc. credits the Plan's account.

Certain employees of the employers provide administrative services to the Plan. These employees are not paid by the Plan for their services.

6. Tax Status

The Plan has adopted a volume submitter plan of BlueStar Retirement Services Inc., which has obtained an opinion letter from the IRS dated March 31, 2014. The letter states that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and is; therefore, not subject to tax under present income tax laws. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan is qualified, and the related trust is tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

<i>December 31,</i>	2019	2018
Net Assets Available for Benefits per the Financial Statements	\$ 49,574,502	\$ 35,811,641
Employer contributions receivable	(537,826)	(424,957)
Employee contributions receivable	(109,657)	(53,808)
Excess contributions payable	5,972	20,213
Accrued administrative expenses	43,593	38,271
Net Assets Available for Benefits per Form 5500	\$ 48,976,584	\$ 35,391,360

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500:

<i>Year ended December 31,</i>	2019
Increase in Net Assets Available for Benefits per the Financial Statements	\$ 12,204,613
Change in employer contributions receivable	(112,869)
Change in employee contributions receivable	(55,849)
Change in excess contributions payable	(14,241)
Change in accrued administrative expenses	5,322
Increase in Net Assets Available for Benefits per Form 5500	\$ 12,026,976

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

There are no investments that represent 10% or more of total investments at December 31, 2019 and 2018.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

9. Fair Value Measurements

The framework for measuring fair value provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standard Codification 820, *Fair Value Measurements*, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full-term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Registered investment companies: Shares of registered investment companies (RICs) are valued at the daily closing price as reported by the fund. Shares of RICs held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Shares of RICs held by the Plan are deemed to be actively traded.

Common/collective trusts: The investment in common/collective trusts are reported at the NAV of units of a bank collective trust. The NAV, as provided by the trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

Investments measured at fair value on a recurring basis consisted of the following types of instruments at December 31, 2019 and 2018, (Level 1, 2, and 3 inputs are defined above):

<i>December 31, 2019</i>	Fair Value Measurements			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 47,096,238	\$ -	\$ -	\$ 47,096,238
Investments measured at NAV*	-	-	-	1,402,832
Total Investments at Fair Value	\$ 47,096,238	\$ -	\$ -	\$ 48,499,070

<i>December 31, 2018</i>	Fair Value Measurements			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 33,583,806	\$ -	\$ -	\$ 33,583,806
Investments measured at NAV*	-	-	-	944,549
Total Investments at Fair Value	\$ 33,583,806	\$ -	\$ -	\$ 34,528,355

* In accordance with Subtopic 820-10, the common/collective trust which is measured at NAV per share (or its equivalent) practical expedient, has not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following tables summarize investments for which fair value is measured using NAV per share as a practical expedient as of December 31, 2019 and 2018:

<i>December 31, 2019</i>	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Wells Fargo Stable Return Fund	\$ 1,402,832	N/A	Daily	No restrictions
<i>December 31, 2018</i>	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Wells Fargo Stable Return Fund	\$ 944,549	N/A	Daily	No restrictions

Supplemental Schedule

QTI Human Resources, Inc. 401(k) Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2019		EIN: 39-1817512 Plan Number: 001		
(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	American Century	Government Bond Institutional Fund	**	\$ 466,123
	American Funds	Growth Fund of America	**	2,581,826
	Brandes	International Small Cap Equity Fund	**	153,112
	Brown Capital Management	Small Company Institutional Fund	**	1,335,046
	Buffalo	Discovery Fund	**	795,563
	Columbia	Mid-Cap Value Fund	**	821,383
	Dodge & Cox	Balanced Fund	**	1,780,298
	Dodge & Cox	Stock Fund	**	3,296,571
	Franklin	Small-Cap Value Fund	**	774,965
	Harbor	Capital Appreciation Retirement Fund	**	622,578
	Invesco	Oppenheimer Devopment Markets	**	440,073
	Loomis Sayles	Bond Fund	**	345,239
	Metropolitan West	Total Return Bond Fund	**	803,674
	Nuveen	Real Estate Securities Fund	**	467,078
	PIMCO	Real Return Institutional Fund	**	198,391
	T Rowe Price	Spectrum Internation Fund	**	1,597,601
	Vanguard	500 Index Admiral Fund	**	3,944,747
	Vanguard	Mid Cap Index Admiral Fund	**	1,693,124
	Vanguard	Small Cap Index Admiral Fund	**	1,831,934
	Vanguard	Short Term Investment Grade Fund	**	137,835
	Vanguard	Target Retirement 2015 Fund	**	1,070,617
	Vanguard	Target Retirement 2020 Fund	**	1,889,113
	Vanguard	Target Retirement 2025 Fund	**	2,931,560
	Vanguard	Target Retirement 2030 Fund	**	3,331,393
	Vanguard	Target Retirement 2035 Fund	**	2,726,716
	Vanguard	Target Retirement 2040 Fund	**	3,726,154
	Vanguard	Target Retirement 2045 Fund	**	3,042,897
	Vanguard	Target Retirement 2050 Fund	**	1,907,586
	Vanguard	Target Retirement 2055 Fund	**	1,648,137
	Vanguard	Target Retirement 2060 Fund	**	525,089
	Vanguard	Target Retirement 2065 Fund	**	81,583
	Vanguard	Target Retirement Income Fund	**	3,398
	Vanguard	Total International Stock Index	**	124,834
	Wells Fargo	Stable Return Fund	**	1,402,832
Total Investments				48,499,070
*	Notes receivable from participants	Interest rates ranging from 4.25% to 6.25%, and maturity dates range from January 2020 to January 2025	-0-	246,455
Total Investments and Notes Receivable from Participants				\$ 48,745,525

* Indicates a known party-in-interest to the plan as defined by ERISA.

** Cost omitted for participant directed investments.

Multiple Employer Plan Participating Employer Information

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Employer Identification Number: 39-1817512

Plan Number: 001

For plan year (beginning/ending:

01/01/2019 - 12/31/2019

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
A & J Development Corp	39-1578374	0.74%
Access to Independence, Inc.	39-1240200	0.07%
American Lifeline, Inc	39-1700697	0.00%
Anderson & Shapiro Eye Surgeons, SC	39-1924563	4.55%
Antigo Community Church	39-1919450	0.00%
Arise Health Ventures	47-4925640	1.85%
Atterx Biotherapeutics, Inc.	39-2025703	0.49%
Augment LLC	47-4086057	0.08%
Badgers United	83-1752750	0.14%
Bartelt Grob, S. C.	30-0591423	1.01%
Big Brothers Big Sisters of Dane County	39-1077783	0.48%
Biolonix	20-2792793	0.49%
Burlington Fatih Chapel, Inc.	23-7374809	0.02%
Burse Surveying and Engineering	39-1971723	0.63%
Christ Presbyterian	39-0806241	0.00%
Citizens Utility Board of Wisconsin Inc.	39-1555109	0.38%
Clean Fresh Food, LLC	46-1298434	0.00%
Customer Analytics, LLC	90-0697828	2.37%
D. Webster-Scher Agency, Inc.	39-1911778	0.61%
Deerfield Community Center- DCC	39-1899306	0.06%
Downtown Madison, Inc.	39-1422114	0.28%
Employment Resources, Inc.	39-1681074	2.66%
ePac, LLC	47-5530953	11.56%
EyeKor, Inc.	81-1264583	1.59%
Feeding Wisconsin, Inc.	47-4823466	0.19%
Fetch Rewards, Inc.	82-2979008	8.43%
Forest Products Society	39-0770034	0.00%
Forward BIOLABS, Inc.	83-3817912	0.09%
Foundation for Madison's Public Schools, Inc.	39-2043104	0.41%
Fox Cities Performing Arts Center	39-1977839	1.53%
Fox Valley Symphony Orchestra Association	20-1320132	0.07%
Freedom, Inc.	43-2023570	0.66%
Gentueri	83-1959202	0.00%
Gilda's Club Madison WI, Inc	06-1662883	0.60%
Girls on the Run of South Central WI, Inc.	11-3732108	0.49%
Greater Madison Chamber of Commerce, Inc.	39-0843590	0.54%
Habitat for Humanity of Wisconsin River Area, Inc.	39-2023346	0.18%
Healing Hearts Family Counseling Center, LLC	20-8798822	0.02%
Healthy Minds Innovations, Inc.	47-1196006	4.64%
Henry Vilas Park Zoological Society	39-6077008	0.08%
Highland Community Church	39-1530890	0.00%
Hovde Properties, LLC	47-5513624	4.33%
Hughes Equipment Company LLC	46-4770200	1.86%
Ideas Unlimited Seminars, Inc.	20-8029382	0.00%
Image MoverMD Inc.	46-2346800	1.31%
iMETx, Inc	82-4877969	0.04%
Institute for Global Ethics	22-3061144	0.01%
Isthmus Partners, LLC	46-4915223	4.50%

Multiple Employer Plan Participating Employer Information

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Employer Identification Number: 39-1817512

Plan Number: 001

For plan year (beginning/ending:

01/01/2019 - 12/31/2019

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Jeremy Haldeman	83-2374785	0.13%
Kidney Institute of North Dakota	00-0111111	0.00%
Killarney Golf Media, Inc.	39-1616321	0.17%
LeMoine Agency	39-1745508	0.05%
Madison Childrens Museum	39-1383497	1.05%
Madison Development Corporation	39-1277471	1.58%
Madison Parks Foundation, Inc.	33-1047992	0.00%
Madison-area Urban Ministry	23-7298482	0.04%
Madisons Distribution Corporation	20-0763298	0.00%
Marvel Medtech, LLC	20-4981815	0.01%
Marvel Medtech, LLC	20-4981815	0.02%
Municipal Electric Utilities of Wisconsin, Inc.	39-1433127	1.66%
Natural Resources Consulting	39-0948262	0.00%
Noble Applications	46-1048872	0.75%
One City Early Learning Centers	47-1490574	0.57%
OSOD LLC	27-1204022	0.66%
Outreach, Inc.	39-1336583	0.07%
Panatrack	39-1842256	2.53%
PegEx, Inc.	45-5500144	4.41%
Peterson Technology Group, LLC	56-2484614	0.07%
QTI Human Resources, Inc.	39-1817512	6.99%
Quad Capitol	13-3985248	0.00%
Rebuilding Together Fox Valley	39-2013200	0.07%
Resonant Capital Advisors, LLC	83-0908962	1.86%
Richard Haldeman Agency	39-6461211	0.00%
Sand County Foundation, Inc.	39-6089450	2.28%
Sankofa Behavioral & Community Health	80-0906744	0.00%
Scilog, Inc.	39-1694023	0.00%
Spiegelberg, Wirth & Purcell	39-1977726	0.28%
State of Wisconsin	39-6006423	0.00%
Stemina Biomarker Discovery, Inc.	20-8294201	1.35%
SunPeak Construction, Inc.	82-3943959	0.05%
SunPeak, LLC	47-1928380	0.45%
Tammy Baldwin	91-1962515	0.01%
Technology Service Professionals	39-1960090	0.00%
The Gathering of Southeast WI, Inc.	39-1891030	0.39%
Triumph Wealth Management, LLC	20-8676935	0.20%
Urban Economic Development Association of WI UEDA	39-1893799	0.12%
Valicom	39-1743749	1.72%
WholeTrees, LLC	20-8661540	0.28%
WiscNet	39-1705442	4.29%
Wisconsin Center for Education Products & Services	27-3813061	0.73%
Wisconsin Coalition of Independent Living Centers (WCILC)	39-1850087	0.28%
Wisconsin eSchool Network Inc dba WEN Inc.	45-2685941	0.81%
Wisconsin Historical Foundation, Inc.	39-0921093	2.31%
Wisconsin Housing Preservation Corp.	30-0002040	0.92%
Wisconsin Institute for Healthy Aging	27-3001041	0.70%
Wisconsin Manufacturing Extension Partnership	39-1786653	0.00%

<u>Multiple Employer Plan Participating Employer Information</u>	
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QTI HUMAN RESOURCES, INC. 401(k) PLAN

Employer Identification Number: 39-1817512	Plan Number: 001
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Employer Identification Number: 39-1817512	Plan Number: 001
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For plan year (beginning/ending:	01/01/2019 - 12/31/2019
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For plan year (beginning/ending:	01/01/2019 - 12/31/2019
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[illegible]

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

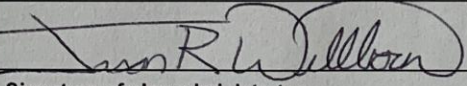
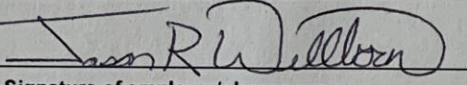
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) QTI Human Resources, Inc. 1010 East Washington Ave Suite 314 Madison WI 53703	1c Effective date of plan 03/01/1997 2b Employer Identification Number (EIN) 39-1817512 2c Plan Sponsor's telephone number 608-258-5525 2d Business code (see instructions) 541214

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/05/2020	Jason R. Willborn
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/05/2020	Jason R. Willborn
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1,523
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1,294
a(2) Total number of active participants at the end of the plan year	6a(2) 1,514
b Retired or separated participants receiving benefits.....	6b 6
c Other retired or separated participants entitled to future benefits	6c 251
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 1,771
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e.....	6f 1,772
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1,085
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 QTI Human Resources, Inc.	D Employer Identification Number (EIN) 39-1817512

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BLUESTAR RETIREMENT SERVICES

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 38 50	NONE	185,280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

TD Ameritrade Trust Company

20-0937408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	23,243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

QTI Human Resources, Inc.

39-1817512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	SPONSOR	16,138	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BKS Financial Investments, LLC

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	None	15,956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BDO, USA LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	None	13,000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

Fiduciary Partners Investment Consu

26-1370206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	NONE	7,880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

Fiduciary Partners Retirement Group

51-0595589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	7,880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

Morningstar Associates, LLC

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	41	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN	B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 QTI Human Resources, Inc.	D Employer Identification Number (EIN) 39-1817512	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FD CL C		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK NA		
c EIN-PN 52-2250946 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1,402,832
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 QTI Human Resources, Inc.	D Employer Identification Number (EIN) 39-1817512

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	635,171	231,059
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	229,214	246,455
(9) Value of interest in common/collective trusts	1c(9)	944,549	1,402,832
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33,582,426	47,096,238
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	35,391,360	48,976,584

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	35,391,360	48,976,584
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Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2,357,141	
(B) Participants	2a(1)(B)	4,653,338	
(C) Others (including rollovers)	2a(1)(C)	1,227,630	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8,238,109
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14,262	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14,262
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1,860,222	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1,860,222
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		24,743
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6,857,705
c Other income.....	2c		10,492
d Total income. Add all income amounts in column (b) and enter total	2d		17,005,533

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4,688,926	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4,688,926
f Corrective distributions (see instructions)	2f		20,213
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	13,000	
(2) Contract administrator fees.....	2i(2)	208,523	
(3) Investment advisory and management fees.....	2i(3)	31,757	
(4) Other	2i(4)	16,138	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		269,418
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4,978,557

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12,026,976
l Transfers of assets:			
(1) To this plan.....	2l(1)		1,558,248
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan QTI HUMAN RESOURCES, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OTI Human Resources, Inc.		D Employer Identification Number (EIN) 39-1817512
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-1558009 20-0937408		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year **14a**

b The plan year immediately preceding the current plan year **14b**

c The second preceding plan year **14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year **15a**

b The corresponding number for the second preceding plan year **15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year **16a**

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers **16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► QTI Human Resources, Inc. 401(k) Plan

Employer Identification Number: ► 39-1817512

For plan year (beginning/ending): ► 01/01/2019 - 12/31/2019

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	CHARLES SCHWAB BANK	American Century Govt BD R5		466,123
	CHARLES SCHWAB BANK	American FD Growth FD of America R6		2,581,826
	CHARLES SCHWAB BANK	Brandes International Sm Cap Eqty I		153,112
	CHARLES SCHWAB BANK	Brown Capital Mgmt Small Co Instl		1,335,046
	CHARLES SCHWAB BANK	Buffalo Discovery FD		795,563
	CHARLES SCHWAB BANK	Columbia Select Mif Cap FD Inst 3		821,383
	CHARLES SCHWAB BANK	Dodge & Cox Balanced FD		1,780,298
	CHARLES SCHWAB BANK	Dodge & Cox Stock Fu		3,296,571
	CHARLES SCHWAB BANK	Franklin Small Cap ValueFD CL R6		774,965
	CHARLES SCHWAB BANK	Harbor Cap Appreciation Fund Rtrmt		622,578
	CHARLES SCHWAB BANK	Invesco Oppenheimer Dev Mkts R6		440,074
	CHARLES SCHWAB BANK	Loomis Sayles Bond Fund CL N		345,239
	CHARLES SCHWAB BANK	Metropolitan West Total Return BD PL		803,674
	CHARLES SCHWAB BANK	Nuveen Real Estate Secs R6		467,078
	CHARLES SCHWAB BANK	PIMCO Real Return FD Instl		198,391
	CHARLES SCHWAB BANK	T Rowe Price Spectrum Intl FD		1,597,601
	CHARLES SCHWAB BANK	Vanguard Mid Cap Index Fund Admiral		1,693,124
	CHARLES SCHWAB BANK	Vanguard Short-Term Invst Grade Adm		137,835
	CHARLES SCHWAB BANK	Vanguard Small-Cap I		1,831,934
	CHARLES SCHWAB BANK	Vanguard Target Retirement Incm Inv		3,396
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2015 FD I		1,070,617
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2020 FD I		1,889,114
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2025 FD I		2,931,560
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2030 FD I		3,331,394
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2035 FD I		2,726,716
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2040 FD I		3,726,154
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2045 FD I		3,042,897
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2050 FD I		1,907,585
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2055 Inv		1,648,137
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2060 Inv		525,089
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2065		81,583
	CHARLES SCHWAB BANK	Vanguard Total Intl Stock Index Adm		124,834
	CHARLES SCHWAB BANK	Vanguard 500 Index F		3,944,747
	CHARLES SCHWAB BANK	Wells Fargo Stable Value FD CL C		1,402,832
	Participant Loans	Various Interest Rates		246,455

**QTI Human Resources, Inc.
401(k) Plan**

**Financial Statements and
Supplemental Schedule
Years Ended December 31, 2019 and 2018**

QTI Human Resources, Inc.
401(k) Plan

Financial Statements and Supplemental Schedule
Years Ended December 31, 2019 and 2018

QTI Human Resources, Inc. 401(k) Plan

Contents

Independent Auditor's Report	3-4
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018	6
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2019	7
Notes to Financial Statements	8-15
Supplemental Schedule	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	17



Independent Auditor's Report

To the Plan Administrator
QTI Human Resources, Inc. 401(k) Plan
Madison, Wisconsin

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the QTI Human Resources, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Charles Schwab and TD Ameritrade Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustees as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the trustees is complete and accurate.



Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

The supplemental schedule, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.

BDO USA, LLP

September 22, 2020

Financial Statements

QTI Human Resources, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2019	2018
Assets		
Cash	\$ 231,059	\$ 635,171
Investments, at fair value		
Registered investment companies	47,096,238	33,583,806
Common/collective trust	1,402,832	944,549
Total Investments, at fair value	48,499,070	34,528,355
Receivables		
Employer contributions	537,826	424,957
Participant contributions	109,657	53,808
Notes receivable from participants	246,455	229,214
Total Receivables	893,938	707,979
Total Assets	49,624,067	35,871,505
Liabilities		
Excess contributions payable	5,972	20,213
Accrued administrative expenses	43,593	38,271
Other liabilities	-	1,380
Total Liabilities	49,565	59,864
Net Assets Available for Benefits	\$ 49,574,502	\$ 35,811,641

See accompanying notes to financial statements.

QTI Human Resources, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2019
Additions to Net Assets Attributed to	
Investment Income	
Interest and dividends	\$ 1,860,222
Net appreciation in fair value of investments	6,892,940
Total Investment Income	8,753,162
Interest Income on Notes Receivable from Participants	14,262
Contributions	
Employers	2,470,010
Participants	4,703,216
Rollovers	1,227,630
Total Contributions	8,400,856
Total Additions	17,168,280
Deductions from Net Assets Attributed to	
Benefits paid to participants	4,688,926
Administrative expenses	274,741
Total Deductions	4,963,667
Net Increase Before Transfers	12,204,613
Plan transfers in	1,558,248
Net Assets Available for Benefits, beginning of year	35,811,641
Net Assets Available for Benefits, end of year	\$ 49,574,502

See accompanying notes to financial statements.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the QTI Human Resources, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) savings and profit-sharing plan established to provide retirement benefits to eligible employees of the adopting employers. The assets of the Plan are held for the exclusive benefit of the participating employees. Participants of the Plan include employees of the adopting employers who are at least 18 years of age. The service requirement for eligibility varies among the adopting employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Employees are permitted to make elective deferral contributions pursuant to a salary reduction agreement that authorizes the employers to defer wages through the Plan. An employee's contribution may not exceed \$19,000 for 2019. In addition, participants age 50 or over can make catch-up contributions up to \$6,000 for 2019. Roth elective deferrals are permitted under the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers).

Adopting employers may make discretionary matching contributions, while others make matching contributions at a stated rate as defined in each employer's adoption agreement. Adopting employers may also make discretionary profit sharing contributions.

Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, rollover contributions and an allocation of: (a) the employers' matching contribution; (b) the employers' profit-sharing contribution; and (c) Plan investment income. Each participant's account is charged with payments for benefits and an allocation of: (a) administrative expenses; and (b) Plan investment losses. Allocations are based on the participant's eligible compensation, account balances, or specific participant transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their salary reduction contributions and rollover contributions, plus actual earnings thereon. Participants vest in their employers' matching and profit sharing contributions as defined in each employer's adoption agreement.

Investment Options

Participants are allowed to direct their account balance, their contributions, and the employers' matching and profit-sharing contributions into any of the investment funds listed in the supplemental Schedule of Assets (Held at End of Year). Participants may change their investment options daily.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

Payment of Benefits

Upon termination of service, death, disability, or attaining normal retirement age (65), a participant will receive an amount equal to the total vested portion of his or her account in the form of a lump sum payment.

In-service distributions are available from any vested type of contribution to participants attaining age 59½ who continue to work for the employer. In-service distributions are also available to participants electing a hardship distribution as allowed by each employer's adoption agreement. There were no benefits requested but not paid at December 31, 2019 and 2018.

Notes Receivable from Participants

The Plan allows participants to borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Each participant may only have one loan outstanding from the Plan at any time. Loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. Loan terms can range from one year to five years, unless such loan is used for the purchase of a primary residence in which case such period shall not exceed 15 years. Principal and interest is paid ratably through payroll deductions. At December 31, 2019, all loans had interest rates ranging from 4.25% to 6.25% and were due on various dates ranging from January 2020 to January 2025.

Forfeitures

Forfeitures arise as a result of participants who separate from service with the employer before becoming 100% vested in the employer's matching or profit-sharing contributions. Forfeitures of non-vested participant balances may be used to reduce future employer contributions. For the years ended December 31, 2019 and 2018, forfeitures totaled \$37,644 and \$14,437, respectively. As of December 31, 2019 and 2018, unallocated forfeited balances totaled \$21,081 and \$11,922, respectively.

Plan Transfers In

As a result of changes in participating employers during 2019, Plan assets of \$1,558,248 were transferred into the Plan.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

Investments Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisor and trustees. See Note 9 for further discussion of fair value measurements.

Net appreciation in fair value of investments, included in the accompanying Statement of Changes in Net Assets Available for Benefits, includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of the investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the differences between the sales proceeds and the fair value of the investments as of the beginning of the period or the cost of the investments if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. If a participant ceases to make loan repayments or experiences a distributable event (Death or Termination) and the Plan Administrator deems the participant loan to be in default, the participant loan is reduced, and a deemed distribution is recorded. During 2019, \$33,445 was recorded as a deemed distribution. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to participant contributions. The Plan distributed the 2019 and 2018 excess contributions to the applicable participants prior to March 15, 2020 and 2019, respectively.

Payment of Benefits

Benefits paid to participants are recorded when the funds are disbursed, with the exception of refunds for excess contributions which are recorded as a liability and reduction of participant contributions in the year incurred.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the employers on behalf of the Plan and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments. The Plan incurred administrative expenses of \$274,741 in 2019.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

Subsequent Events

Management has evaluated subsequent events through September 22, 2020, the date which the financial statements were available for issue.

On January 30, 2020, the World Health Organization (“WHO”) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the “COVID-19 outbreak”) and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

On March 27, 2020, President Trump signed into law the “Coronavirus Aid, Relief and Economic Security (CARES) Act.” The CARES Act, among other things, includes several relief provisions to tax-qualified retirement plans and their participants, which are as follows:

- Special coronavirus distributions up to \$100,000.
- Increase the available loan amount as described in Note 1 to the lesser of \$100,000 or 100% of the participant’s vested account balance.
- Extend the period for loan repayments, if applicable, up to one year.
- Suspended required minimum distributions for 2020.

Plan management is currently evaluating these provisions.

3. Information Prepared and Certified by the Trustees

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan’s trustees, Charles Schwab Bank and TD Ameritrade, has certified that the following data included in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year) is complete and accurate:

- Investments and cash, as shown in the Statements of Net Assets Available for Benefits;
- Interest, dividends, and net appreciation in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits; and
- The assets held as of December 31, 2019, as shown in the Schedule of Assets (Held at End of Year), except for notes receivable from participants.

The Plan’s independent accountants did not perform auditing procedures with respect to the above information, except for comparing such information as certified by the trustees to the related amounts included in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year).

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

4. Plan Termination

Although they have not expressed any intent to do so, the employers have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon permanent discontinuance of the Plan, its participants' accounts shall become fully vested. In the event of Plan termination, distributions to participants will be made in accordance with the provisions of the Plan. The trust will continue until all funds have been disbursed.

5. Related Party and Party-In-Interest Transactions

Certain Plan administrative expenses are paid by the employers.

The Plan allows participants to take out loans, which are considered exempt party-in-interest transactions.

Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing rather than a direct payment.

BlueStar Retirement Services Inc. receives compensation on a monthly basis from certain investments to offset the costs of providing recordkeeping and administrative services on behalf of the investments. This compensation is used to offset certain fees owed to BlueStar Retirement Services Inc. for its administrative services to the Plan. When the revenue received by BlueStar Retirement Services exceeds the amount owed by the Plan, BlueStar Retirement Services Inc. credits the Plan's account.

Certain employees of the employers provide administrative services to the Plan. These employees are not paid by the Plan for their services.

6. Tax Status

The Plan has adopted a volume submitter plan of BlueStar Retirement Services Inc., which has obtained an opinion letter from the IRS dated March 31, 2014. The letter states that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and is; therefore, not subject to tax under present income tax laws. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan is qualified, and the related trust is tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

<i>December 31,</i>	2019	2018
Net Assets Available for Benefits per the Financial Statements	\$ 49,574,502	\$ 35,811,641
Employer contributions receivable	(537,826)	(424,957)
Employee contributions receivable	(109,657)	(53,808)
Excess contributions payable	5,972	20,213
Accrued administrative expenses	43,593	38,271
Net Assets Available for Benefits per Form 5500	\$ 48,976,584	\$ 35,391,360

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500:

<i>Year ended December 31,</i>	2019
Increase in Net Assets Available for Benefits per the Financial Statements	\$ 12,204,613
Change in employer contributions receivable	(112,869)
Change in employee contributions receivable	(55,849)
Change in excess contributions payable	(14,241)
Change in accrued administrative expenses	5,322
Increase in Net Assets Available for Benefits per Form 5500	\$ 12,026,976

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

There are no investments that represent 10% or more of total investments at December 31, 2019 and 2018.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

9. Fair Value Measurements

The framework for measuring fair value provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standard Codification 820, *Fair Value Measurements*, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full-term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Registered investment companies: Shares of registered investment companies (RICs) are valued at the daily closing price as reported by the fund. Shares of RICs held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Shares of RICs held by the Plan are deemed to be actively traded.

Common/collective trusts: The investment in common/collective trusts are reported at the NAV of units of a bank collective trust. The NAV, as provided by the trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

QTI Human Resources, Inc. 401(k) Plan

Notes to Financial Statements

Investments measured at fair value on a recurring basis consisted of the following types of instruments at December 31, 2019 and 2018, (Level 1, 2, and 3 inputs are defined above):

<i>December 31, 2019</i>	Fair Value Measurements			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 47,096,238	\$ -	\$ -	\$ 47,096,238
Investments measured at NAV*	-	-	-	1,402,832
Total Investments at Fair Value	\$ 47,096,238	\$ -	\$ -	\$ 48,499,070

<i>December 31, 2018</i>	Fair Value Measurements			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 33,583,806	\$ -	\$ -	\$ 33,583,806
Investments measured at NAV*	-	-	-	944,549
Total Investments at Fair Value	\$ 33,583,806	\$ -	\$ -	\$ 34,528,355

* In accordance with Subtopic 820-10, the common/collective trust which is measured at NAV per share (or its equivalent) practical expedient, has not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following tables summarize investments for which fair value is measured using NAV per share as a practical expedient as of December 31, 2019 and 2018:

<i>December 31, 2019</i>	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Wells Fargo Stable Return Fund	\$ 1,402,832	N/A	Daily	No restrictions

<i>December 31, 2018</i>	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Wells Fargo Stable Return Fund	\$ 944,549	N/A	Daily	No restrictions

Supplemental Schedule

QTI Human Resources, Inc. 401(k) Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2019					EIN: 39-1817512 Plan Number: 001	
(a)	(b)	(c)	(d)	(e)		
Party-in-Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value		
	American Century	Government Bond Institutional Fund	**	\$	466,123	
	American Funds	Growth Fund of America	**		2,581,826	
	Brandes	International Small Cap Equity Fund	**		153,112	
	Brown Capital Management	Small Company Institutional Fund	**		1,335,046	
	Buffalo	Discovery Fund	**		795,563	
	Columbia	Mid-Cap Value Fund	**		821,383	
	Dodge & Cox	Balanced Fund	**		1,780,298	
	Dodge & Cox	Stock Fund	**		3,296,571	
	Franklin	Small-Cap Value Fund	**		774,965	
	Harbor	Capital Appreciation Retirement Fund	**		622,578	
	Invesco	Oppenheimer Devopment Markets	**		440,073	
	Loomis Sayles	Bond Fund	**		345,239	
	Metropolitan West	Total Return Bond Fund	**		803,674	
	Nuveen	Real Estate Securities Fund	**		467,078	
	PIMCO	Real Return Institutional Fund	**		198,391	
	T Rowe Price	Spectrum Internation Fund	**		1,597,601	
	Vanguard	500 Index Admiral Fund	**		3,944,747	
	Vanguard	Mid Cap Index Admiral Fund	**		1,693,124	
	Vanguard	Small Cap Index Admiral Fund	**		1,831,934	
	Vanguard	Short Term Investment Grade Fund	**		137,835	
	Vanguard	Target Retirement 2015 Fund	**		1,070,617	
	Vanguard	Target Retirement 2020 Fund	**		1,889,113	
	Vanguard	Target Retirement 2025 Fund	**		2,931,560	
	Vanguard	Target Retirement 2030 Fund	**		3,331,393	
	Vanguard	Target Retirement 2035 Fund	**		2,726,716	
	Vanguard	Target Retirement 2040 Fund	**		3,726,154	
	Vanguard	Target Retirement 2045 Fund	**		3,042,897	
	Vanguard	Target Retirement 2050 Fund	**		1,907,586	
	Vanguard	Target Retirement 2055 Fund	**		1,648,137	
	Vanguard	Target Retirement 2060 Fund	**		525,089	
	Vanguard	Target Retirement 2065 Fund	**		81,583	
	Vanguard	Target Retirement Income Fund	**		3,398	
	Vanguard	Total International Stock Index	**		124,834	
	Wells Fargo	Stable Return Fund	**		1,402,832	
Total Investments						48,499,070
*	Notes receivable from participants	Interest rates ranging from 4.25% to 6.25%, and maturity dates range from January 2020 to January 2025	-0-		246,455	
Total Investments and Notes Receivable from Participants					\$	48,745,525

* Indicates a known party-in-interest to the plan as defined by ERISA.

** Cost omitted for participant directed investments.

Multiple Employer Plan Participating Employer Information

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Employer Identification Number: 39-1817512

Plan Number: 001

For plan year (beginning/ending:

01/01/2019 - 12/31/2019

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
A & J Development Corp	39-1578374	0.74%
Access to Independence, Inc.	39-1240200	0.07%
American Lifeline, Inc	39-1700697	0.00%
Anderson & Shapiro Eye Surgeons, SC	39-1924563	4.55%
Antigo Community Church	39-1919450	0.00%
Arise Health Ventures	47-4925640	1.85%
Atterx Biotherapeutics, Inc.	39-2025703	0.49%
Augment LLC	47-4086057	0.08%
Badgers United	83-1752750	0.14%
Bartelt Grob, S. C.	30-0591423	1.01%
Big Brothers Big Sisters of Dane County	39-1077783	0.48%
Biolonix	20-2792793	0.49%
Burlington Fatih Chapel, Inc.	23-7374809	0.02%
Burse Surveying and Engineering	39-1971723	0.63%
Christ Presbyterian	39-0806241	0.00%
Citizens Utility Board of Wisconsin Inc.	39-1555109	0.38%
Clean Fresh Food, LLC	46-1298434	0.00%
Customer Analytics, LLC	90-0697828	2.37%
D. Webster-Scher Agency, Inc.	39-1911778	0.61%
Deerfield Community Center- DCC	39-1899306	0.06%
Downtown Madison, Inc.	39-1422114	0.28%
Employment Resources, Inc.	39-1681074	2.66%
ePac, LLC	47-5530953	11.56%
EyeKor, Inc.	81-1264583	1.59%
Feeding Wisconsin, Inc.	47-4823466	0.19%
Fetch Rewards, Inc.	82-2979008	8.43%
Forest Products Society	39-0770034	0.00%
Forward BIOLABS, Inc.	83-3817912	0.09%
Foundation for Madison's Public Schools, Inc.	39-2043104	0.41%
Fox Cities Performing Arts Center	39-1977839	1.53%
Fox Valley Symphony Orchestra Association	20-1320132	0.07%
Freedom, Inc.	43-2023570	0.66%
Gentueri	83-1959202	0.00%
Gilda's Club Madison WI, Inc	06-1662883	0.60%
Girls on the Run of South Central WI, Inc.	11-3732108	0.49%
Greater Madison Chamber of Commerce, Inc.	39-0843590	0.54%
Habitat for Humanity of Wisconsin River Area, Inc.	39-2023346	0.18%
Healing Hearts Family Counseling Center, LLC	20-8798822	0.02%
Healthy Minds Innovations, Inc.	47-1196006	4.64%
Henry Vilas Park Zoological Society	39-6077008	0.08%
Highland Community Church	39-1530890	0.00%
Hovde Properties, LLC	47-5513624	4.33%
Hughes Equipment Company LLC	46-4770200	1.86%
Ideas Unlimited Seminars, Inc.	20-8029382	0.00%
Image MoverMD Inc.	46-2346800	1.31%
iMETx, Inc	82-4877969	0.04%
Institute for Global Ethics	22-3061144	0.01%
Isthmus Partners, LLC	46-4915223	4.50%

Multiple Employer Plan Participating Employer Information

QTI HUMAN RESOURCES, INC. 401(k) PLAN

Employer Identification Number: 39-1817512

Plan Number: 001

For plan year (beginning/ending:

01/01/2019 - 12/31/2019

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Jeremy Haldeman	83-2374785	0.13%
Kidney Institute of North Dakota	00-0111111	0.00%
Killarney Golf Media, Inc.	39-1616321	0.17%
LeMoine Agency	39-1745508	0.05%
Madison Childrens Museum	39-1383497	1.05%
Madison Development Corporation	39-1277471	1.58%
Madison Parks Foundation, Inc.	33-1047992	0.00%
Madison-area Urban Ministry	23-7298482	0.04%
Madisons Distribution Corporation	20-0763298	0.00%
Marvel Medtech, LLC	20-4981815	0.01%
Marvel Medtech, LLC	20-4981815	0.02%
Municipal Electric Utilities of Wisconsin, Inc.	39-1433127	1.66%
Natural Resources Consulting	39-0948262	0.00%
Noble Applications	46-1048872	0.75%
One City Early Learning Centers	47-1490574	0.57%
OSOD LLC	27-1204022	0.66%
Outreach, Inc.	39-1336583	0.07%
Panatrack	39-1842256	2.53%
PegEx, Inc.	45-5500144	4.41%
Peterson Technology Group, LLC	56-2484614	0.07%
QTI Human Resources, Inc.	39-1817512	6.99%
Quad Capitol	13-3985248	0.00%
Rebuilding Together Fox Valley	39-2013200	0.07%
Resonant Capital Advisors, LLC	83-0908962	1.86%
Richard Haldeman Agency	39-6461211	0.00%
Sand County Foundation, Inc.	39-6089450	2.28%
Sankofa Behavioral & Community Health	80-0906744	0.00%
Scilog, Inc.	39-1694023	0.00%
Spiegelberg, Wirth & Purcell	39-1977726	0.28%
State of Wisconsin	39-6006423	0.00%
Stemina Biomarker Discovery, Inc.	20-8294201	1.35%
SunPeak Construction, Inc.	82-3943959	0.05%
SunPeak, LLC	47-1928380	0.45%
Tammy Baldwin	91-1962515	0.01%
Technology Service Professionals	39-1960090	0.00%
The Gathering of Southeast WI, Inc.	39-1891030	0.39%
Triumph Wealth Management, LLC	20-8676935	0.20%
Urban Economic Development Association of WI UEDA	39-1893799	0.12%
Valicom	39-1743749	1.72%
WholeTrees, LLC	20-8661540	0.28%
WiscNet	39-1705442	4.29%
Wisconsin Center for Education Products & Services	27-3813061	0.73%
Wisconsin Coalition of Independent Living Centers (WCILC)	39-1850087	0.28%
Wisconsin eSchool Network Inc dba WEN Inc.	45-2685941	0.81%
Wisconsin Historical Foundation, Inc.	39-0921093	2.31%
Wisconsin Housing Preservation Corp.	30-0002040	0.92%
Wisconsin Institute for Healthy Aging	27-3001041	0.70%
Wisconsin Manufacturing Extension Partnership	39-1786653	0.00%

<u>Multiple Employer Plan Participating Employer Information</u>	
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QTI HUMAN RESOURCES, INC. 401(k) PLAN

Employer Identification Number: 39-1817512	Plan Number: 001
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Employer Identification Number: 39-1817512	Plan Number: 001
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For plan year (beginning/ending:	01/01/2019 - 12/31/2019
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For plan year (beginning/ending:	01/01/2019 - 12/31/2019
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Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► QTI Human Resources, Inc. 401(k) Plan

Employer Identification Number: ► 39-1817512

For plan year (beginning/ending): ► 01/01/2019 - 12/31/2019

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	CHARLES SCHWAB BANK	American Century Govt BD R5		466,123
	CHARLES SCHWAB BANK	American FD Growth FD of America R6		2,581,826
	CHARLES SCHWAB BANK	Brandes International Sm Cap Eqty I		153,112
	CHARLES SCHWAB BANK	Brown Capital Mgmt Small Co Instl		1,335,046
	CHARLES SCHWAB BANK	Buffalo Discovery FD		795,563
	CHARLES SCHWAB BANK	Columbia Select Mif Cap FD Inst 3		821,383
	CHARLES SCHWAB BANK	Dodge & Cox Balanced FD		1,780,298
	CHARLES SCHWAB BANK	Dodge & Cox Stock Fu		3,296,571
	CHARLES SCHWAB BANK	Franklin Small Cap ValueFD CL R6		774,965
	CHARLES SCHWAB BANK	Harbor Cap Appreciation Fund Rtrmt		622,578
	CHARLES SCHWAB BANK	Invesco Oppenheimer Dev Mkts R6		440,074
	CHARLES SCHWAB BANK	Loomis Sayles Bond Fund CL N		345,239
	CHARLES SCHWAB BANK	Metropolitan West Total Return BD PL		803,674
	CHARLES SCHWAB BANK	Nuveen Real Estate Secs R6		467,078
	CHARLES SCHWAB BANK	PIMCO Real Return FD Instl		198,391
	CHARLES SCHWAB BANK	T Rowe Price Spectrum Intl FD		1,597,601
	CHARLES SCHWAB BANK	Vanguard Mid Cap Index Fund Admiral		1,693,124
	CHARLES SCHWAB BANK	Vanguard Short-Term Invst Grade Adm		137,835
	CHARLES SCHWAB BANK	Vanguard Small-Cap I		1,831,934
	CHARLES SCHWAB BANK	Vanguard Target Retirement Incm Inv		3,396
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2015 FD I		1,070,617
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2020 FD I		1,889,114
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2025 FD I		2,931,560
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2030 FD I		3,331,394
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2035 FD I		2,726,716
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2040 FD I		3,726,154
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2045 FD I		3,042,897
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2050 FD I		1,907,585
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2055 Inv		1,648,137
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2060 Inv		525,089
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2065		81,583
	CHARLES SCHWAB BANK	Vanguard Total Intl Stock Index Adm		124,834
	CHARLES SCHWAB BANK	Vanguard 500 Index F		3,944,747
	CHARLES SCHWAB BANK	Wells Fargo Stable Value FD CL C		1,402,832
	Participant Loans	Various Interest Rates		246,455